Image# 14952562700 PAGE 1 / 1

## 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

ADDRESS number and steed) One Park Row, Fifth Floor  CITY, STATE, and ZIP CODE Providence RI 02903 2. NAME OF CANDIDATE David N Cicilline  S. OFFICE SOUGHT (Siste and District) House RI 01 CO0476564  5. ISTHIS AN AMENDMENT?  NO, THIS IS A NEW FILING VES, IT AMENDS THE NOTICE FILED ON A. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Occupation  Name of Employer  Date (month, day, year)  Date (month, day, year)  Amount Cocupation  Date (month, day, year)  Occupation  D. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Date (month, day, year)  Date (month, day, year)  Amount Cocupation  D. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Date (month, day, year)  Date (month, day, year)  Date (month, day, year)  Amount Cocupation  D. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  D. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Date (month, day, year)  Date (month, day, year)  Amount Cocupation  D. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Date (month, day, year)  Date (month, day, year)  Amount Cocupation  D. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Date (month, day, year)  Date (month, day, year)  Amount	NAME OF COMMITTEE IN FULL     Cicilline Committee				
Providence 2. NAME OF CANDIDATE David N Cicilline  S. OFFICE SOUGHT (State and District) House RI 01 C00476564  5. IS THIS AN AMENDMENT? NO, THIS IS A NEW FILING  YES, IT AMENDS THE NOTICE FILED ON  A. FULL NAME, MAILING ADDRESS AND ZIP CODE  Mr. Marc Perlman  180 Shady Cove Rd  North Kingstown  RI 02852-7126  B. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Name of Employer  Cocupation  Cocupation  Occupation  Date (month, day, year)  Amount  Amount  Occupation  Date (month, day, year)  Amount  Occupation  D. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Date (month, day, year)  Date (month, day, year)  Amount  Occupation  D. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Date (month, day, year)  Date (month, day, year)  Amount  Occupation  D. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Date (month, day, year)  Amount  D. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Date (month, day, year)  Amount  Date (month, day, year)  Amount  Occupation  D. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Date (month, day, year)  Amount					
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2. NAME OF CANDIDATE David N Cicilline  3. OFFICE SOUGHT (State and District) House RI 01  4. FECT IDENTIFICATION NUMBER C00476564  5. IS THIS AN AMENDMENT? NO. THIS IS A NEW FILING VES. IT AMENDS THE NOTICE FILED ON  A. FULL NAME, MAILING ADDRESS AND ZIP CODE  Mr. Marc Periman  180 Shady Cove Rd  Transaction ID : C9481446  Occupation  Name of Employer  Occupation  Name of Employer  Date (month, day, year)  Amount day, year)  Amount  Occupation  D. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Date (month, day, year)  Amount D. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Date (month, day, year)  Occupation  D. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Date (month, day, year)  Date (month, day, year)  Amount  D. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Date (month, day, year)  Occupation  D. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Date (month, day, year)  Amount  D. FULL NAME, MAILING ADDRESS AND ZIP CODE  Name of Employer  Date (month, day, year)  Date (month, day, year)  Amount		RI 0290	13		
David N Cicilline    House   RI   01   C00476564				4. FEC IDENTIFICATION	N NUMBER
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SIGNATURE (optional)  DATE For further information contact:				For further	information contact:
Nancy Benoit 10/31/2014 Federal Election Commission	Nancy Benoit	[Electronic - II-: E21 17	10/31/2014	Federal E	lection Commission
[Electronically Filed] 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100		LEGITORICALLY FUEAJ			

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